Form # P 04

## DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK

### **CITY OF PORTLAND**

Please Read Application And Notes, If Any, Attached

# STION

Permit Number: 030838

This is to certify that	Maine Medical Center/S	outh	Iaine .	Inc.			
has permission to	Replace Existing Handid	ap R	with a	ncrete	<b>)</b>		
AT 2 Bramhall St						053_D	0007001
of the provision	e person or persons of the Statutes of, maintenance ar	of N	ne and		en	ces of	his permit shall comply with all the City of Portland regulating and of the application on file in
Apply to Public We and grade if nature such information.	orks for street line e of work requires	gi bere la	cation and wr e this t d or q R NOTIO	inspec n permis ding or	t thered sed-in.		A certificate of occupancy must be procured by owner before this building or part thereof is occupied.
OTHER REQUI	RED APPROVALS						
Health Dept						//	
Appeal BoardOther		<del></del>			(		( Lust 10/1-103
Depar	tment Name						Director - Building Inspection Services

PENALTY FOR REMOVING THIS CARD

## PERMIT ISSUED

								G INSPECTIC.	*
City of Portlan	d, Maine - I	Building or Use	Permit Applicatio	in 200	mit No:	Isselfa	F PORII	CBL	
389 Congress Str	reet, 04101 To	el: (207) 874-8703	6, Fax: (207) 874-87	16	03-0838		21.	053 D	007001
Location of Construct	tion:	Owner Name:	SMY OF P	10 mg	ress:		<del>116</del>	Phone:	
2 Bramhall St		Maine Medica		22 I	Bramhall St	n1		871-411	6
Business Name:		Contractor Name	<del></del>	Cont	ractor Address		1 1	Phone	
		Southern Mair	ne Site Works, Inc.	P.O	. Box 10249 i			2078282	2077
Lessee/Buyer's Name	Lessee/Buyer's Name			Perm	it Type:	_			Zone:
				Alt	erations - Coi	mmercial			R6
Past Use:		Proposed Use:	<u>-</u>	Pern	nit Fee:	Cost of Wor	·k:	CEO District:	<u> </u>
Maine Medical Co	enter/Hospital	l -	Maine Medical Center/Hospital		\$201.00 \$20,000.00			2	
	F			FIRE				CTION: 1	
						Denied	Use Gr	oup:	Type/
								PAMF	)
							1		
Proposed Project Des	cription:							CTION: roup: () RAMF	1/5/
Replace Existing	Handicap Ramp	with a Concrete Ra	mp	Signa	iture:	HM7	Signatu		104)
				PEDI	ESTRIAN ACT	IVITIES DIS	FRICT (1	P.A.D.)	
				Actio	on: Appro	ved App	proved w/	/Conditions	Denied
				Signa	oture <sup>.</sup>	_		Date:	
Permit Taken By:	- Da	ite Applied For:	<u> </u>	Joigne					
gad		07/15/2003			Zoning	Approva	11		
L			Special Zone or Rev	iews	Zoni	ng Appeal		Historic Pre	servation
	rom meeting ap	not preclude the pplicable State and	Shoreland		☐ Varianc			Not in Distr	ict or Landmark
2. Building permits do not include plumbing, septic or electrical work.		☐ Wetland ☐ Miscellaneous			Does Not Require Review				
		work is not started date of issuance.	☐ Flood Zone ☐ Conditional Use		onal Use		Requires Re	view	
, ,	tion may invali		☐ Subdivision		☐ Interpretation			Approved	
			Site Plan		Approve	ed		Approved w	/Conditions
			Maj Minor Mi	1 🗆	Denied			☐ Denied	
			Date:	3	Date:		Da	ate:	>
			47.11						
								•	
			CERTIFICATI	ON					
I hereby certify that	I am the owner	r of record of the nar	med property, or that t	he prop	osed work is	authorized	by the o	owner of reco	rd and that
I have been authoris	zed by the own	er to make this appli	cation as his authorize	d agent	t and I agree t	to conform t	to all ap	plicable laws	of this
jurisdiction. In add	ition, if a permi	it for work described	I in the application is i	ssued,	I certify that t	he code off	icial's a	uthorized repr	resentative
such permit.	only to enter an	areas covered by su	ch permit at any reaso	nable n	iour to enforc	e the provis	sion of t	the code(s) ap	oplicable to
SIGNATURE OF APPI	LICANT		ADDRES	<u>s</u>		DATE	_	РНС	ONE
RESPONSIBLE PERSO	ON IN CHARGE C	OF WORK, TITLE				DATE		PHO	NE

Permit No: Date Applied For: CBL: City of Portland, Maine - Building or Use Permit 07/15/2003 03-0838 053 D007001 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716 **Location of Construction:** Owner Name: Owner Address: Phone: 22 Bramhall St 2 Bramhall St Maine Medical Center ( ) 871-4116 **Business Name:** Contractor Name: Contractor Address: Phone Southern Maine Site Works, Inc. P.O. Box 10249 Portland (207) 828-2077 Lessee/Buyer's Name Permit Type: Phone: Alterations - Commercial Proposed Project Description: Proposed Use: Maine Medical Center/Hospital with a Concrete Ramp Replace Existing Handicap Ramp with a Concrete Ramp Dept: Zoning 07/17/2003 Status: Approved Reviewer: Marge Schmuckal **Approval Date:** Ok to Issue: 🗹 Note: Dept: Building Status: Approved with Conditions Reviewer: Mike Nugent **Approval Date:** 10/15/2003 Ok to Issue: Note: 1) This ramp is limited to gurney use only and not considered a handicap access ramp. 07/21/2003 Dept: Fire Status: Approved Reviewer: Lt. MacDougal **Approval Date:** Note: Ok to Issue: **Comments:** 

7/23/2003-mjn: Guards must be 42" in height, 36" shown, left message with contractor

City of	f Portland, M	laine - Bui	ilding or Use Permit	į		reinnt No.	Date Applied For.	CBL.	
389 Co	ngress Street, 0	4101 Tel:	(207) 874-8703, Fax: (	207) 87	4-8716	03-0838	07/15/2003	053 D0070	01
Location	of Construction:		Owner Name:	_		Owner Address:		Phone:	
2 Bramhall St Ma			Maine Medical Center	Maine Medical Center 22		22 Bramhall St		( ) 871-4116	
Business	Name:		Contractor Name:	Contractor Name:		Contractor Address:	Phone		
			Southern Maine Site V	Vorks, In	c.	P.O. Box 10249 Po	ortland	(207) 828-20	77
Lessee/Bu	iyer's Name		Phone:	Phone:		Permit Type:		-	
						Alterations - Com	mercial		
Proposed	Use:	<u>-</u>		<u> </u>	Proposed	l Project Description:			
Maine I	Medical Center/F	Hospital			Replac	e Existing Handica	p Ramp with a Cond	crete Ramp	
Dept:	Zoning	Status:	Approved	Rev	viewer:	Marge Schmucka	l Approval D	ate: 07/17/2	2003
Note:								Ok to Issue:	<b>✓</b>
Dept:	Building	Status:	Pending	Rev	viewer:	Mike Nugent	Approval D	ate:	
Note:								Ok to Issue:	
D4	Fine	C4 - 4			·	I. MarDauri	A 170	-4 07/21/2	2002
Dept:	riie	Status:	Approved	Ke	viewer:	Lt. MacDougal	Approval D		
Note:								Ok to Issue:	$\checkmark$
Comme	ents:	<del></del>			<del></del>				
i - ·		must be 42	" in height, 36" shown, le	ft maccas	ra with a	ontractor			
0112312	oob-iiijii. Guarus	5 must DC 42	m neight, jo shown, le	ii iiicssas	ze with (	onu actoi			

PLANS NOF COMPLIANT JOH TAXED DF 10/6 COD BROLICANTO TO BROLICANTO

# All Purpose Building Permit Application

If you or the property owner owes real estate or personal property taxes or user charges on any property within the City, payment arrangements must be made before permits of any kind are accepted.

Location/Address of Construction: 12	BRAMHAU ST	: 	· · · · · · · · · · · · · · · · · · ·			
Total Square Footage of Proposed Structu	Square Footage of 4 <b>2</b> , 64	_	· ·			
Tax Assessor's Chart, Block & Lot Chart# 53 Block# Lot#	Owner: MAINE MEDICAL CE	WIER	Telephone:			
Lessee/Buyer's Name (If Applicable)	Applicant name, address & telephone: Southern Marres 220 Rueles of 5 Portugue, me 828-20	TEARKWO				
Current use: HOSPITAL						
If the location is currently vacant, what wo	as prior use:	_	_			
Approximately how long has it been vacc	int:		_			
Proposed use: HOSPITAL  Project description: REPLACE EXISTING WOOD RAMP W/ CONCRETE RAMP						
Contractor's name, address & telephone: Southern Maine Sitewark, We 220 Riverside St Portion, me 828-2077  Who should we contact when the permit is ready: Rodney Portion, me 928-2077  We will contact you by phone when the permit is ready. You must come in and pick up the permit and review the requirements before starting any work, with a Plan Reviewer. A stop work order will be issued and a \$100.00 fee if any work starts before the permit is picked up. PHONE: \$28-2077						
IF THE REQUIRED INFORMATION IS NOT INCLUDED IN THE SUBMISSIONS THE PERMIT WILL BE AUTOMATICALLY DENIED AT THE DISCRETION OF THE BUILDING/PLANNING DEPARTMENT, WE MAY REQUIRE ADDITIONAL INFORMATION IN ORDER TO APROVE THIS PERMIT.  I hereby certify that I am the Owner of record of the named property, or that the owner of record outhorizes July proposed work and that I have been authorized by the owner to make this application as his/her authorized agent. I agree to depitor to all applicable laws of this jurisdiction. In addition, if a permit for work described in this application is issued, I certify that the Code officials authorized representative shall have the authority to enter all areas covered by this permit at any reasonable hour to enforce the provisions of the codes dipplicable to this permit.						
Signature of applicant: Thomas Show	Date:	7/15/	03			
This is NOT a pormit you may be	/ ANN/	:: 41				

This is NOT a permit, you may not commence ANY work until the permit is issued.

If you are in a Historic District you may be subject to additional permitting and fees with the Planning Department on the 4<sup>th</sup> floor of City Hall



September 5, 2003

Mr. Michael Nugent City of Portland, Department of Inspections 389 Congress Street Portland, ME 04101

Post-it® Fax Note 7671	Date 10 / 14 pages 1
TO MICHAEL MUSENT	Fram
Co./Dept. CITY OF POETRAND	CO. MAINE MED
Phone # \$74-8700	Phone # \$71 - 2447
Fax # 87-87/6	Fax # 871-6195

Re: MMC Engineering Building Ramp Replacement

Dear Mr. Nugent;

-Maine Medical Center is in the process of replacing a wooden ramp at the 22 Bramhall Street location. Maine Medical Center is requesting a variance for the replacement of this structure.

The ramp is located at the rear of the Engineering Building. The ramp is constructed of wood and is in need of replacement due to its age and design (the slope of the existing ramp is 1:5.7). The primary purpose of this ramp is to accommodate shipments that cannot utilize the adjacent loading dock. This ramp also serves as one of two means of egress from the building. This ramp was noted by the State Fire Marshall's office as not being in compliance during a routine inspection.

### Conditions

The exit door is located 35'-2" from the corner of the building and 37'-10" from the roadway. The height of the landing is 2'-9 4". A structure that meets the full requirements of the applicable code would be approx. 41'-6" in length. This would extend almost 4' into the roadway thus creating a separate hazardous condition. Due to its location in proximity in relation to the loading dock, the installation of a switchback of sufficient size would render the loading dock unusable. This would create a hardship and impact the operations of the Hospital.

#### **Proposal**

Maine Medical Center is proposing to construct a ramp as detailed on the drawings provided earlier under a separate cover. The proposed ramp would be constructed with a slope of 1:9.3. The proposed ramp would terminate approx. 5' before the edge of the roadway. Under this proposal the intermediate landing would be eliminated. All other features of the ramp will meet the applicable code.

Please contact me directly at 871-2447 if you have any additional questions or concerns pertaining to this request.

Roger C. Boyington, PLE Director of Engineering

Maine Medical Center

Cc: Jeff Sanborn, MMC, Safety Manager Rod Boyington, Southern Maine Sitework

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<b>Location of Construction:</b>	Owner Name:		wner Address:	Phone:		
2 Bramhall St Maine Medical Center			22 Bramhall St		( ) 871-4116	
Business Name: Contractor Name:			Contractor Address:	Phone		
	orks, Inc.	P.O. Box 10249 Portland (207) 828-207				
Lessee/Buyer's Name Phone:			ermit Type:		<u>-</u>	
			Alterations - Com	mercial		
Proposed Use:		Proposed	Project Description:		<del></del>	
Maine Medical Center/Hospital wi	th a Concrete Ramp	Replace	e Existing Handica	ap Ramp with a Con-	crete Ramp	
Dept: Zoning Status:	Approved	Reviewer:	Marge Schmucka	al Approval D	eate: 07/17/2003	
Note: Ok to Issue: ✓						
		_				
Dept: Building Status:	Approved with Conditions	Reviewer:	Mike Nugent	Approval D	ate: 10/15/2003	
Note:					Ok to Issue:	
1) This ramp is limited to gurney	use only and not considered	a handicap acce	ess ramp.			
Dept: Fire Status:	Approved	Reviewer:	Lt. MacDougal	Approval D	ate: 07/21/2003	
Note:			_		Ok to Issue:	
Comments:						
7/23/2003-mjn: Guards must be 42	" in height, 36" shown, left	message with co	ntractor			

City of Portland, Maine - Bu	ilding or Use Permit		Permit No:	Date Applied For:	CBL:	
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Business Name:	C	Contractor Address:	Phone			
	, Inc.	P.O. Box 10249 Portland (207) 828-2077				
Lessee/Buyer's Name Phone:			ermit Type:			
		ĺ	Alterations - Com	mercial		
Proposed Use:		Proposed	Project Description:			
Maine Medical Center/Hospital with	a Concrete Ramp	Replace	e Existing Handica	p Ramp with a Conc	rete Ramp	
		ŀ				
Dept: Zoning Status:	Approved	Reviewer:	Marge Schmucka	al Approval Da	ite: 07/17/2003	
Note:			Ü		Ok to Issue:	
Dept: Building Status:	Approved with Conditions	Reviewer:	Mike Nugent	Approval Da	ite: 10/15/2003	
Note:					Ok to Issue: 🔽	
1) This ramp is limited to gurney u	se only and not considered a ha	ndican acce	ess ramp			
1) This ramp is immed to game, a	o only and not constacted a na	maroup acce	obs rump.			
Dept: Fire Status:	Approved	Reviewer:	Lt. MacDougal	Approval Da	ite: 07/21/2003	
Note:					Ok to Issue: 🔽	
		<del></del>				
Comments:						
7/23/2003-mjn: Guards must be 42"	in height, 36" shown, left mess	sage with co	ontractor			